

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3676AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2009
NAME OF PROVIDER OR SUPPLIER SWEET HEART CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 213 RED HORIZON TERRACE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 15417 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted at your facility on 12/21/09. The facility received an annual survey grade of C. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five (5) Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five (5) residents. Five resident files were reviewed and three (3) employee files were reviewed. One discharged resident file was reviewed.</p> <p>There was one (1) complaint investigated.</p> <p>Complaint #NV00023835 was substantiated. See Tag Y070, Y103, Y105, Y106, Y1035 and Y1036</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure that 1 of 3 caregivers received eight hours of annual training (Employee #2). Complaint #NV00023835 Severity: 2 Scope: 1	Y 070			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure that 3 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing and physical examinations for (Employee #1, #2 and #3). Findings include: The file for Employee #1 (hired 2007) lacked documented evidence of an annual physical exam and annual one-step tuberculin screening.	Y 103			

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Y 103	Continued From page 2 The file for Employee #2 (hired 12/8/09) lacked documented evidence of an annual physical exam, initial two-step and annual one-step tuberculin screening. The file for Employee #3 (hired 12/8/06) lacked documented evidence of an annual physical exam and annual one-step tuberculin screening. Complaint # NV0023835 Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure 3 of 3 caregivers met background check requirements (Employee #1, #2 and #3). Findings include: The file for Employee #1 (hired 2007) lacked documented evidence of a criminal history statement and fingerprint cards. The file for Employee #2 (hired 12/8/08) lacked documented evidence that fingerprints were	Y 105		

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Y 105	Continued From page 3 forwarded to the repository or a response from the repository indicating the employee was cleared for a FBI and State criminal history background clearance. The file for Employee #3 (hired 12/8/06) lacked documented evidence of fingerprint card, proof that fingerprints were forwarded to the repository and a FBI and state background clearance. Complaint #NV00023835 Severity: 2 Scope: 3	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 15417 Based on interview and record review on 12/21/09, the facility failed to ensure that 1 of 3 caregivers had completed training in first aid and cardiopulmonary resuscitation (CPR) (Resident #1). Findings include: The file for Employee lacked documented	Y 106		

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Y 106	Continued From page 4 evidence of a current certificate stating that the caregiver was currently certified to perform first aid and cardiopulmonary resuscitation. Complaint #NV00023835 Severity: 2 Scope: 1	Y 106		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure 1 of 7 smoke detectors were maintained in proper operating conditions at all times. Findings include: The smoke detector located in Bedroom #1 would not make an audible sound during testing. Employee #2 stated that she did not know the smoke detector was there. Severity: 2 Scope: 3	Y 444		
Y 620 SS=H	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275	Y 620		

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Y 620	<p>Continued From page 5</p> <p>and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who:</p> <p>(a) Is bedfast.</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation, interview and record review on 12/21/09, the facility failed to ensure bedfast residents were not admitted or allowed to remain in the facility for 3 of 5 residents (Residents #1, #3 and #4).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 11/23/08, with diagnoses of congestive heart failure, hypertension, psychosis, depression, dementia, Alzheimer's disease and Parkinson's disease. On 12/21/09, Employee #2 confirmed that Resident #1 was bedfast and non-weight bearing.</p> <p>Resident #3 was an 87 year old woman admitted on 11/6/09 with diagnoses of debilitation. Resident #3 was observed in a hospital bed with 1/2 bilateral siderails raised. The resident was unable to demonstrate her ability to re-position in bed or get out of bed. On 12/21/09 Employee #2 confirmed that the resident was bedfast.</p> <p>Resident #4 was an 89 year old woman admitted to the facility on 9/1/08 with the diagnoses of Alzheimer's disease with dementia, hypertension, chronic back pain, osteopenia and Parkinson's disease. On 12/21/09 Employee #2 confirmed that the resident was bedfast, unable to reposition</p>	Y 620			

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Y 620	Continued From page 6 in bed and used 1/2 bilateral siderails raised, while in bed. Complaint # NV00023835 Severity: 3 Scope: 2	Y 620			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure that 1 of 5 residents received an annual physical (Resident #3). Severity: 2 Scope: 1	Y 859			
Y1035 SS=F	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of	Y1035			

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Y1035	Continued From page 7 dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. This Regulation is not met as evidenced by: Surveyor: 15417 Based on interview and record review on 12/21/09, the facility failed to ensure 3 of 3 employee that had direct contact with and provides care to residents with dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completed training within 40 hours of employment, 2 hours of training in providing care, including emergency care (Employee #1, #2, #3). Complaint # NV00023835 Severity: 2 Scope: 3	Y1035		
Y1036 SS=F	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of	Y1036		

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Y1036	<p>Continued From page 8</p> <p>dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.</p> <p>This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 12/21/09, the facility failed to ensure 3 of 3 employees had at least 8 hours of training, within 3 months of employment, in providing care to residents with dementia caused by Alzheimer's disease (Employees #1, #2 and #3).</p> <p>Findings include:</p> <p>The facility was licensed as a five (5) beds Residential Facility for Groups which provides care to elderly and disabled persons, Category II residents.</p> <p>Three of 5 residents had a diagnoses of dementia caused by Alzheimer's disease.</p> <p>The file for Employees #1, #2 and #3 lacked documented evidence of Alzheimer's training.</p> <p>Complaint #NV00023835</p>	Y1036			

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Y1036	Continued From page 9 Severity: 2 Scope: 3	Y1036			

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